

## ANGIOTENSIN RECEPTOR BLOCKERS PA SUMMARY

<b>PREFERRED</b>	Avapro, Benicar, Cozaar, Diovan, Micardis
<b>NON-PREFERRED</b>	Atacand, Teveten

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *All current Atacand and Teveten users were grandfathered at the time of initiation of this PA criteria.*

### **PA CRITERIA:**

- ❖ Use of 2 preferred products in the last 6 months
- OR:
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to 2 of the preferred agents.

### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.